

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-027661

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 72 Primary Registration District No. 3013 Registrar's No. 186

FILED AUG 9 1963

1. PLACE OF DEATH

a. COUNTY

CLAY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

NORTH KANSAS CITY

Length of stay in 1b

1 DAY

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

N.K.C. Mem. Hosp.

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

CLAY

c. CITY
OR
TOWN

KANSAS CITY 55

Inside Limits
Yes ☒ No ☐

d. STREET
ADDRESS

R.R. #20

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First

TODD

Middle

ANDREW

Last

SMITH

4. DATE OF DEATH

Month

AUG. 4-

Day

1963

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH

1-25-63

9. AGE (last birthday)

6

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

INFANT

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Smithville, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

William D. Smith

13b. MOTHER'S MAIDEN NAME

Daisy Berry

14. NAME OF HUSBAND OR WIFE

NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

William D. Smith - R.R. #20, 55, Mo.

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

HEMORRHAGE & TOXEMIA

DUE TO (b)

INTUSSUSCEPTION

DUE TO (c)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

INTERVAL BETWEEN ONSET AND DEATH

56 hours

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 3 PM 8/3/63 to 2 AM 8/4/63 and last saw him alive on 8/3/63
Death occurred at 1:38 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Robert D. Gauer MD

22b. ADDRESS

2730. So. Mall KC, Mo

22c. DATE SIGNED

8-5-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

AUG. 6-63

23c. NAME OF CEMETERY OR CREMATORY

ELMWOOD Cem.

23d. LOCATION (City, town, or county)

KANSAS CITY, MO.

24. FUNERAL DIRECTOR

ADDRESS

NORTH

25. DATE RECD. BY LOCAL REG.

8-5-63

26. REGISTRAR'S SIGNATURE

Marguerite Anderson

D.W. Newcomer's Sons - KAN. CITY

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

VS 300
Rev. 4/59

1 6004

2 60082

3

4 0

5 0

6

7 0

8 1

9 570.0

10

11

12 6-0

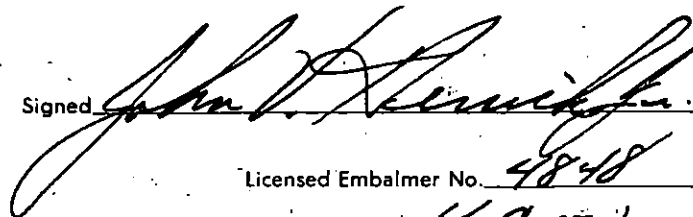
13 2-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed



Licensed Embalmer No.

4848

P. O. Address

R. C. 17 Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.